

# EXAMINATIONS APPLICATION FORM

(for CIA, CCSA, CFSA, CRMA and CGAP Examination)

For staff only



Name : \_\_\_\_\_  Mr.  Mrs.  Ms.

Are you a member of the IIA?  Yes - ID No. \_\_\_\_\_  No.

Date of Birth \_\_\_\_\_ Gender :  Male  Female

Organization \_\_\_\_\_ Position \_\_\_\_\_

Business Address \_\_\_\_\_

Job Code : \_\_\_\_\_ Industry Code : \_\_\_\_\_ Tel.no. \_\_\_\_\_

Fax: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email : \_\_\_\_\_

Home Address \_\_\_\_\_

Tel : \_\_\_\_\_ Fax: \_\_\_\_\_

Send all mail to  Home  Office

## CANDIDATE BACKGROUND

Highest degree attained :	Certification Applied for :	Enclosure																								
<input type="checkbox"/> Bachelor's Degree _____ Year <input type="checkbox"/> Master's Degree _____ Year <input type="checkbox"/> Doctorate _____ Year <input type="checkbox"/> Other : _____ Year	<table border="1"> <thead> <tr> <th></th> <th>Member</th> <th>Nonmember</th> <th>Full-time Student/Educator</th> </tr> </thead> <tbody> <tr> <td><b>Application Fee</b></td> <td><input type="checkbox"/> \$ 115.00</td> <td><input type="checkbox"/> \$ 230.00</td> <td><input type="checkbox"/> \$ 65.00</td> </tr> <tr> <td><b>Exam Part Fees</b></td> <td></td> <td></td> <td></td> </tr> <tr> <td>CIA Part I</td> <td><input type="checkbox"/> \$ 280.00</td> <td><input type="checkbox"/> \$ 395.00</td> <td><input type="checkbox"/> \$ 230.00</td> </tr> <tr> <td>CIA Part II</td> <td><input type="checkbox"/> \$ 230.00</td> <td><input type="checkbox"/> \$ 345.00</td> <td><input type="checkbox"/> \$ 180.00</td> </tr> <tr> <td>CIA Part III</td> <td><input type="checkbox"/> \$ 230.00</td> <td><input type="checkbox"/> \$ 345.00</td> <td><input type="checkbox"/> \$ 180.00</td> </tr> </tbody> </table>		Member	Nonmember	Full-time Student/Educator	<b>Application Fee</b>	<input type="checkbox"/> \$ 115.00	<input type="checkbox"/> \$ 230.00	<input type="checkbox"/> \$ 65.00	<b>Exam Part Fees</b>				CIA Part I	<input type="checkbox"/> \$ 280.00	<input type="checkbox"/> \$ 395.00	<input type="checkbox"/> \$ 230.00	CIA Part II	<input type="checkbox"/> \$ 230.00	<input type="checkbox"/> \$ 345.00	<input type="checkbox"/> \$ 180.00	CIA Part III	<input type="checkbox"/> \$ 230.00	<input type="checkbox"/> \$ 345.00	<input type="checkbox"/> \$ 180.00	<p><b>All candidates need to submit</b></p> <input type="checkbox"/> Certified true copy of degree or transcripts <input type="checkbox"/> Character Reference Form <input type="checkbox"/> Experience Verification Form <input type="checkbox"/> University Student/Professor Registration Form <input type="checkbox"/> Payment Evidence <p><b>CCSA Candidate also submit</b></p> <input type="checkbox"/> CCSA Facilitation Experience and/or Training Form <p><b>Term of Payment</b></p> <input type="checkbox"/> Cash at the IIAT office <input type="checkbox"/> Check pay for "The Institute of Internal Auditors of Thailand" <input type="checkbox"/> Transfer to "The Institute of Internal Auditors of Thailand" Thanachart, Thong loh Branch S/A 024-2-007177 Bank of Ayudhya, Thong loh Branch S/A 255-1-15539-5
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<b>Certifications attained :</b> <input type="checkbox"/> CCSA <input type="checkbox"/> CGAP <input type="checkbox"/> CFSA <input type="checkbox"/> CISA <input type="checkbox"/> CPA - State/Country : _____ <input type="checkbox"/> CA- Country: _____ <input type="checkbox"/> CMA-Country : _____ <input type="checkbox"/> CGA <input type="checkbox"/> Other : _____	<table border="1"> <thead> <tr> <th></th> <th>Member</th> <th>Nonmember</th> </tr> </thead> <tbody> <tr> <td><b>Application Fee</b></td> <td><input type="checkbox"/> \$ 115.00</td> <td><input type="checkbox"/> \$ 230.00</td> </tr> <tr> <td>CCSA</td> <td><input type="checkbox"/> \$ 380.00</td> <td><input type="checkbox"/> \$ 495.00</td> </tr> <tr> <td>CGAP</td> <td><input type="checkbox"/> \$ 380.00</td> <td><input type="checkbox"/> \$ 495.00</td> </tr> <tr> <td>CRMA</td> <td><input type="checkbox"/> \$ 380.00</td> <td><input type="checkbox"/> \$ 495.00</td> </tr> <tr> <td>CFSA</td> <td><input type="checkbox"/> \$ 380.00</td> <td><input type="checkbox"/> \$ 495.00</td> </tr> </tbody> </table>		Member	Nonmember	<b>Application Fee</b>	<input type="checkbox"/> \$ 115.00	<input type="checkbox"/> \$ 230.00	CCSA	<input type="checkbox"/> \$ 380.00	<input type="checkbox"/> \$ 495.00	CGAP	<input type="checkbox"/> \$ 380.00	<input type="checkbox"/> \$ 495.00	CRMA	<input type="checkbox"/> \$ 380.00	<input type="checkbox"/> \$ 495.00	CFSA	<input type="checkbox"/> \$ 380.00	<input type="checkbox"/> \$ 495.00							
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<b>Internal Auditing Experience :</b> <input type="checkbox"/> None <input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1 year but less than 2 years <input type="checkbox"/> 2 or more years	<input type="checkbox"/> Banking <input type="checkbox"/> Insurance <input type="checkbox"/> Securities <p><b>TOTAL PAID</b> _____</p>																									

By signing and submitting this form, I certify that I have read and will abide by the provisions of the Code of Ethics, and accept the conditions set forth in the Certification Program Information for Candidates.

Signature : \_\_\_\_\_ Date : \_\_\_\_\_